

incidence of tularemia in sheep-industry employees, and the epizootic nature of the disease in sheep, characterize an epidemiological entity distinct from but closely related to tickborne

tularemia. The economic loss, the number of human cases, and their severity, warrant the consideration of this epidemiological type as a veterinary-medical and public health problem.

## *Cancer Morbidity in the United States*

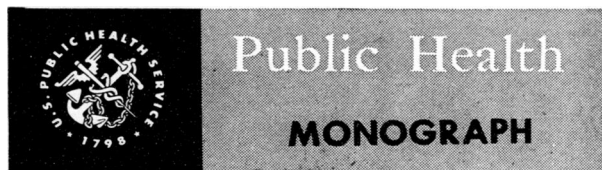
This study of cancer morbidity is probably the most elaborate ever conducted. It covered 10 large metropolitan areas in 2 surveys separated by an interval of 10 years (1937-39, 1947-49). The areas surveyed are Atlanta, Birmingham, Dallas, New Orleans, San Francisco, Denver, Chicago, Detroit, Philadelphia, and Pittsburgh.

A statistical analysis of the thousands of cancer cases examined in these 10 large population centers was made to determine cancer morbidity trends. Some of the important conclusions of the study are:

1. The risk of developing cancer is 60 percent greater for men than for women if genital and breast cancer are excluded. This greater risk is related, in part, to the survey findings that cancer of the lung and bronchus occurs more than 5 times as frequently, and laryngeal cancer 12 times as frequently in men as in women.

2. The death rate from cancer is now definitely higher for men than for women in the white population. This reversal of the relative standing of the sexes, which had existed for whites until a few years ago, is also expected to occur soon in the nonwhite population, in which the margin of female deaths over male is rapidly narrowing.

3. There is a positive correlation between cancer incidence and chronological age—the older the person the greater the likelihood of cancer. Half of the people diagnosed with cancer were between 50 and 70 years of age. However, large variations exist between men and women relative to the parts of the body where cancer is found and the ages at which the disease manifests itself. Men appear more susceptible to cancer than women in the first two and the last



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The accompanying summary covers the principal findings presented in Public Health Monograph No. 29, published concurrently with this issue of Public Health Reports. The authors are with the National Institutes of Health, Public Health Service.

Part II of this monograph is in preparation. When it is completed, a publication will be issued combining both parts, together with a summary and an index. This publication will carry the same Public Health Monograph number, Public Health Service Publication number, and Library of Congress Catalog Card number as part I.

A limited number of free copies of part I are available to official agencies and others directly concerned on specific request to the Public Inquiries Branch of the Public Health Service. Copies will be found also in the libraries of professional schools and of the major universities and in selected public libraries.

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Dorn, Harold F., and Cutler, Sidney J.: Morbidity from cancer in the United States. Part I. Variation in incidence by age, sex, race, marital status, and geographic region. Public Health Monograph No. 29 (Public Health Service Publication No. 418). 121 pages. Illustrated. U.S. Government Printing Office, Washington, D. C., 1955. Price 65 cents.

two or three decades of the usual lifetime, whereas women have a higher rate during the childbearing years. In fact, at about age 35, approximately twice as many women as men are found to have a malignant tumor. After the childbearing period, however, the rate for males catches up with and exceeds the rate for females.

4. In women, nearly half of all cancers originate in the reproductive organs and nearly one-fourth, in the digestive system. Among men, the reproductive organs account for only one in eight cancers, whereas one-third originate in the digestive system.

5. The reported incidence of cancer in the nonwhite population is less than two-thirds of

that for the white group, a difference due largely to the lower susceptibility of Negroes to skin cancer (one of the more common neoplasms among white persons). However, the age-adjusted mortality rates are almost identical for both races.

6. The chance of developing cancer is about one-third greater for white persons living in the south and the west than for those living in the north, due in large measure to the higher incidence of skin cancer in these areas. Twenty-eight percent of newly diagnosed cases of cancer among white persons living in the south originate in the skin; corresponding percentages for the west and north are 20 and 10, respectively.

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### *Emergency Mental Care*

#### **MONTGOMERY COUNTY, MD.**

Alarmed at the number of mental patients being put into the county jail pending medical care, Montgomery County, Md., now provides temporary care in the psychiatric unit of a local hospital.

The community considers this solution a workable plan but one which still needs legal clarification, a more satisfactory arrangement for the highly disturbed patient, and still further study.

The problem, as it existed in 1951, had many aspects. The sudden onset of mental illness presented a baffling situation to the community, local police, and other authorities. Its occurrence at night or on weekends created a special emergency. The jail had only cells and detention rooms for the general handling of prisoners. Yet there was the possibility that the emergency patient

might become unmanageable and dangerous before he could be placed under control. Often he had no family or friends to help him or to find a resource to care for him. The easiest way out had been to place him in jail.

Psychiatrists studied the problem, and likewise many local groups gave it their attention and understanding. Representatives of these groups were brought together in an official committee in order to define the areas of difficulty in the proper handling of emergency cases. The health department arranged and coordinated the many meetings and conferences, helped in locating possible facilities and in providing consultants.

The committee first worked out a temporary arrangement whereby health department nurses served on a 24-hour emergency standby basis, working with police, local physicians, and State mental hospitals to find a satisfactory solution for each individual patient.

In 1953, when a local general hospital opened a unit exclusively for the treatment of mentally ill patients, the police no longer had to call the emergency duty nurse when

they were faced with an emergency situation.

Instead, if no private source of care is practical or available, they call the supervising nurse of the psychiatric unit of the hospital. The situation is explained, and the nurse, after consultation, if necessary, with the psychiatrist on call, decides on the best procedure.

If the patient is dangerous, she may recommend the use of the police to bring him to the hospital, where he can be seen by a psychiatrist.

If the patient is a parolee from a mental hospital, the nurse may call the hospital to arrange for his immediate readmission.

If the patient needs local overnight care, he may be admitted to the psychiatric unit of the hospital.

If the patient is medically indigent, the county can remunerate the hospital for either outpatient or inpatient care.

—*Reported by Dr. Eugene H. Guthrie, Public Health Service, and Dr. Valcoulon L. Ellicott, respectively the former public health resident and the former county health officer, Montgomery County, Md.*